



Kansas Department of Health and Environment

Nursing Facilities Program

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Resident Assessment Instrument (RAI)

Beginning January 1, 1994, all licensed nursing facilities must use the Resident Assessment Instrument (RAI). Nursing facilities with licensed beds not certified as Medicare or Medicaid must assess all new residents admitted on or after January 1, 1994 with the RAI. These facilities must assess all current residents using the RAI by June 1, 1994.

The following facilities are **not** required to use the RAI in assessing residents: long term care units in hospitals not participating in Medicare or Medicaid; and intermediate care facilities for the mentally retarded.

All facilities should have a copy of the *MDS+ Reference Manual*. Copies were provided at the Case Mix Demonstration workshops in November and December. Manuals were mailed to facilities not attending the workshops the end of December. Any facility that did not receive a copy should contact Pat Maben at (913) 296-1240. Additional copies can be obtained by contacting Med Pass, (800) 438-8884.

A RAI workshop will be held February 2 and 3, 1994 at the Ramada Inn Downtown, Topeka, Kansas, in conjunction with the Case Mix Reimbursement Workshops. Contact the Kansas Health Care Association, (913) 267-6003, for enrollment information.

The *MDS+ Reference Manual* does not reflect all the changes found in the 10/93 version of the Kansas MDS+. Facilities that have not received a copy of the errata pages, please contact Pat Maben for a copy. It is essential that MDS+ manuals be reviewed and the changes identified in the errata sheets be used to correct the manual.

The number of triggers has been decreased. Included with the errata sheets are copies of revised copies of the RAP keys. The RAP Trigger guide has also been revised. Facilities that do not have copies of the revised RAP keys and RAP trigger guide

should contact Pat Maben.

RAI Workshops

RAI workshops have been scheduled for March 16 and March 22. The workshops are designed for licensed nurses and other health care professionals responsible for performing the comprehensive resident assessments or MDS+ and RAPs. Participants are to bring a copy of the MDS+ Reference Manual.

Date of RAI Workshop

Last day to enroll

March 16

March 10

March 22

March 15

Attendance at the workshops will be limited to 30 participants and no more than two persons from a facility. A completed enrollment form must be mailed to the Bureau of Adult and Child Care before the last day of enrollment. Late enrollments will not be accepted nor will individuals be allowed to attend who have not pre-enrolled. All participants will be notified by mail as to whether they are or are not enrolled in the workshops. All workshops will begin at 10:00 a.m. and end at 4:00 p.m. Workshops will be cancelled in the event of bad weather and facilities will be notified by phone. THERE WILL NOT BE A CHARGE FOR THE WORKSHOPS. CONTINUING EDUCATION CREDITS WILL NOT BE OFFERED.

New Licensure Regulations

The following licensure regulations have been reviewed:

K.A.R. 28-39-163 (f) After consultation with an architectural engineer, it has been determined that 20 air exchanges vented to the outside is not an unreasonable requirement for a designated smoking area. The regulation will be rewritten to improve clarity.

K.A.R. 28-39-161 (b) (3) All residents, on or after November 1, 1993, and all employees hired on or after November 1, 1993, must be screened for tuberculosis using the CDC guidelines referenced in the regulation. A chest x-ray cannot be substituted for tuberculin skin testing. It is often difficult to differentiate between infiltrates related to congestive heart failure and lung changes due to tuberculosis.

It is strongly recommended that facilities test all residents and all employees to develop a base line. A number of facilities have reported finding residents and new employees who convert to a positive skin test for tuberculosis after using the two-step method.

Infection Control Workshop

The fourth annual Infection Control Workshop co-sponsored by KDHE, Kansas Hospital Association, and Association of Practitioners in Infection Control will be held in Hutchinson on March 9, 10, and 11. This workshop is intended for nurses who work in small hospitals and nursing facilities.

The new licensure regulations for nursing facilities require an infection control program. This workshop will assist nurses in developing an effective program. Brochures related to the workshop will be mailed to nursing facilities and hospitals in early January by the Kansas Hospital Association. Enrollment forms must be submitted to the Kansas Hospital Association. **Phone or fax enrollments will not be accepted.**

In the past year, 132 nursing facilities received deficiencies related to infection control. In most cases, these deficiencies were related to unacceptable infection control practices used by staff members while providing care. This workshop would be useful in assisting nursing facility staff in identifying and correcting unacceptable practices.

RAI Q and A

Question:

1. A resident was discharged and the clinical record was closed. If the resident is readmitted, what is the correct procedure for the MDS+?

Answer: Retrieve the intake page from the closed record, copy and place on the new clinical record. Code A.6 - Reason for assessment is "readmission assessment."

6.	REASONS FOR ASSESSMENT	a. Primary reason for assessment	
		1. Preliminary 4. Annual	
		2. Initial admission 5. Significant change comprehension 6. Quarterly	
		3. Readmission 7. Other	3
		b. Is this also a significant change assessment?	
		O. No 1. Yes	
		c. Is this also a Medicare assessment?	
		O. No 1. Yes	

Resources for Quality Care

Food Service Sanitation Manual, 1976, Publication No. (FDA) 78-2081, Stock No. 017-012-00267-6 is available from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402-9325 (202) 783-3238. The price is \$5.00 and must accompany order. There is a 25% discount for orders over 100.

Notice of Rights - Advocacy Agencies

The federal certification regulation at 42 CFR 483.10 (b) (7) addresses the required facility posting of relevant advocacy agencies by name, address and telephone number as a resident rights requirement. There have been some questions regarding specifically which advocacy agency information should be posted.

The regulation states:

"The facility must furnish a written description of legal rights which includes: (iii) a posting of names, addresses and telephone numbers of all pertinent state client advocacy groups such as the state survey and certification agency, the state licensure office, the state ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit."

The advocacy groups addressed above have direct association with state government. The federal comment accompanying the regulations is clear. The regulation should not be interpreted to include consumer advocacy groups or trade associations in the posted information.

Fact Sheet Index

Enclosed is an index of subjects covered in previous editions of the *Fact Sheet*. This index will be updated annually and sent with each January *Fact Sheet*.

Involuntary Discharge and Transfer

There has been some confusion within the industry and consumers of long-term care services regarding the appeal of involuntary discharge or transfer. Under federal regulations, the Kansas Department of Social and Rehabilitation Services, the state Medicaid agency, is responsible for conducting a fair hearing process for appeals of involuntary discharge or transfers (42 CFR Secs. 431.200, et seq. and 483.204 as amended by 57 Federal Register, NO. 230, November 30, 1992). KDHE is responsible for determining regulatory compliance through the survey process and complaint investigations. The specific mechanism through which appeals may be requested is as follows:

- 1) Facilities must provide proper notice as specified by federal regulation with appropriate supporting documentation.
- 2) Facilities must inform the resident of his/her right to appeal, and the time and manner in which an appeal may be requested.
- 3) Appeals of involuntary transfer or discharge (IVDT) should be sent to the Administrative Hearings Section, Kansas Department of Social and Rehabilitation Services, 610 SW 10th Avenue, Floor 2, Topeka, KS 66606-1616.
- 4) At the discretion of SRS and/or the appellant, KDHE may investigate the circumstances surrounding the facility-originated discharge or transfer. Notice requesting this action will be forwarded to the KDHE Complaint Program from the SRS Administrative Hearings Section. KDHE will investigate for compliance with state and federal regulations governing the issues.
- 5) Findings of regulatory compliance resulting from investigation are forwarded by KDHE to SRS. This information is then utilized by the SRS Administrative Hearings Section in conducting a fair hearing.

KDHE will investigate appeals of IVDT from clients in certified adult care homes in Kansas if directed by SRS to do so, or if the investigation is the result of a complaint rather than an appeal. Should the findings indicate non-compliance with regulations, facilities may be issued deficiencies in accordance with enforcement responsibilities of KDHE. However, KDHE does not conduct hearings of appeals. There is no statutory authority for appeals of IVDT at licensed-only adult care homes.

For questions regarding this issue, please contact Medical Programs, SRS, (913) 296-3981 or Complaint Program Coordinator, KDHE, (913) 296-1265. (For more details, refer to EDS Kansas Bulletin, July 1993, No. 93-4.

Plans of Correction

The survey and certification program requests plans of correction for deficient facility practices identified during various types of visits to facilities. Throughout the survey visit there are opportunities for facility management to discuss the process and/or refute findings. Surveyors develop statements of deficiencies based on individual and summarized findings. The facility practice statement, which follows the regulation statement, should generate an overall plan of corrective action.

Administrative staff reviewed a random selection of statements of deficiency and plans of correction which revealed problems with plans being "findings" oriented rather than related to the facility practice. The facility may correct one particular finding but that does not address the overall practice which resulted in the finding. The intent of the statement of deficiency is to provide a shared document which identifies what the surveyor(s) found to be in non-compliance and how the facility intends to resolve the non-compliance. This is a legal and public document, therefore all parties are challenged to be accurate and concise without compromising confidentiality and the integrity of all persons involved.

An acceptable plan of correction contains several elements:

- Addresses in a step-by-step description how the facility deficient practice will be corrected. Describes a systematic approach to resolving the non-compliance with the regulation. (Merely saying "corrected", or addressing each finding of evidence, or denying the deficiency is not acceptable.)
- The steps should assure that current employees and future employees are informed how to perform within regulatory compliance. (Merely saying "in-service held" is not acceptable.)
- There should be a method of supervisory involvement and responsibility identified which is appropriate for the corrective plan. (Who will be responsible for monitoring that the plan is instituted and the follow-through with re-establishing compliance?)
- Dates for completing the plan should be reasonable and appropriate in relation to the risk of negative outcome to the resident. Direct care issues should be corrected immediately and monitored appropriately. There may be a need for staged implementation of other types of deficiency correction, in which case the date should reflect reasonable time frames.

The process through which plans of correction are reviewed does not provide for addressing the specifics of the deficiencies or the findings. The agency's "Conflict Prevention Policy" and immediate and direct communications with the surveyors (at the time of the survey) or with the regional manager (as soon as possible upon exit and review of the survey documents) is the appropriate process through which those concerns should be directed.

Simply reviewing the plan with these points in mind, and **being sure that there is an appropriate signature on the first page** of the plan should result in the smooth processing of plans of correction.

If you have questions regarding the plan of correction, please contact Carmen Wanklyn, RN, (913) 296-1248 for SNFs and NFs.

Complaint Program Update

The current quarter of statistics reveal the highest percent of abuse, neglect, or exploitation calls to the hotline since 1990. During the previous two quarters total calls to the hotline remained around 800 per quarter (about 50 calls per week). The calls coded for abuse, neglect or exploitation investigation averaged about 12% until the current quarter.

Over 120 administrative hearings have been conducted during the past three years with over 60 nurse aides names being sent to the registry for confirmed abuse, neglect or exploitation. Names may also be sent to the registry when a nurse aide waives the right for a hearing.

Additionally, of the more than 80 other licensed or certified professionals who have been reviewed through an administrative process, over 60 have been referred to the appropriate regulatory board.

Quality Improvement Update

The development of the Quality Improvement program is progressing consistent with the approved plan. A full review of surveys is now being performed using measurable criteria. Deficiencies are being assessed to assure that they are appropriately cited consistent with federal and state directives. The committee is now in the process of developing protocols for on-site "consistency surveys" which will be field tested soon. The consistency surveys will allow on-site observation of surveyor performance by the program director and members of the quality assurance committee to assure that proper protocol is followed, regulations are correctly and appropriately applied, and that the survey process is consistent across the six districts.

Licensure Category	Civil Penalties			Correction Orders 1993 Quarters				
	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Inadequate or inappropriate hygiene and skin care	5	5	3		18	13	14	
Inadequate or unqualified staffing	1	3	3		4	8	12	
Inoperable or inaccessible call system	-	1			5	3	5	
Inappropriate or unauthorized use of restraints	3	-	2		17	5	4	
Unsafe medication administration or storage	-	2	-		5	8	1	
Inadequate nursing services other than skin care	3	2	5		14	12	16	
Inadequate or inappropriate asepsis technique	1	-	2		4	6	3	
Inadequate or inappropriate dietary/nutritional services	-	1	3		5	5	6	
Unsafe storage of hazardous or toxic substances	-	-	-		-	1	1	
Failure to maintain equipment	-	-	-		1	2	3	
Resident right violations	-	-	5		11	5	11	
Unsafe high water temperature	-	1	-		5	4	2	
Inadequate hot water	-	-	-		-	-	-	
General sanitation and safety	1	1	1		7	2	5	
Other (including inappropriate admission)	-	-	-		2	-	2	
Inadequate rehabilitation services	-	-	-		-	-	2	
Civil Penalties	8	11	8					
Correction Orders	37	39	34					
Bans on Admission	3	7	4					
Denials	0	1	2					

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF ADULT AND CHILD CARE

Fact Sheet SUBSCRIPTION for 1993

NOTE: THE *FACT SHEET* IS MAILED WITHOUT CHARGE TO LICENSED ADULT CARE HOMES, HOSPITAL BASED LONG TERM CARE UNITS, AND INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED.

Name_____ (please print or type)

Address_____

City_____State____Zip Code_____

Enclose check or money order for \$10.00 and mail to:

Kansas Department of Health and Environment
Bureau of Adult and Child Care
900 S.W. Jackson, Suite 1001
Topeka, KS 66612-1290

For Office Use Only

Date received _____

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
RESIDENT ASSESSMENT INSTRUMENT WORKSHOP

ENROLLMENT FORM

Name Title

Title Name

Facility

Address Telephone Number

We wish to enroll in the following workshop:

Butler Co Community College, Andover March 16, 1994 _____

Barton Co. Community College, Great Bend March 22, 1994 _____

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The workshop on March 16, 1994 will be held 10:00 a.m. to 4:00 p.m. at Butler County Community College at the Andover Center, next to Andover High School.

The workshop on March 22, 1994 will be held 10:00 a.m. to 4:00 p.m. at Barton County Community College in Great Bend.

Mail enrollment form to: RAI ENROLLMENT
Bureau of Adult and Child Care
Kansas Department of Health and Environment
Attn: Anita
900 SW Jackson, Suite 1001
Topeka KS 66612-1290

Enrollments must be received by the date listed in the *Fact Sheet*. Late enrollments and enrollment at the door will not be accepted.

Participants will be notified if the workshop is cancelled for lack of sufficient enrollment. There is no charge for this workshop, therefore continuing education credit will not be offered.

Participants must bring a current copy of the MDS+ Reference Manual.